

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 FEB 22 2016
 Bayfield Co. Zoning Dept.

Permit #: 16-018
 Date: 5-20-16
 Amount Paid: \$300
 Refund: 500-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: MICHAEL UPTHEGROVE
 Address of Property: 84655 KLAWNG RD
 City/State/Zip: POOT WING WI 54865
 Mailing Address: 82980 WHITE BIRCH POOT WING WI 54865
 City/State/Zip: POOT WING WI 54865
 Contractor: SELF
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No
 PROJECT LOCATION: SE 1/4, NE 1/4
 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____
 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section 22, Township 50 N, Range B W
 Town of: POOT WING
 Lot Size: _____ Acreage: 40a.
 PIN: (23 digits) 04-012-12-5008-22-1 04000.10000
 Recorded Document: (i.e. Property Ownership) Volume: _____ Pages: _____

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 45,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 42 Width: 27 Height: 17
 Proposed Construction: Length: _____ Width: _____ Height: _____

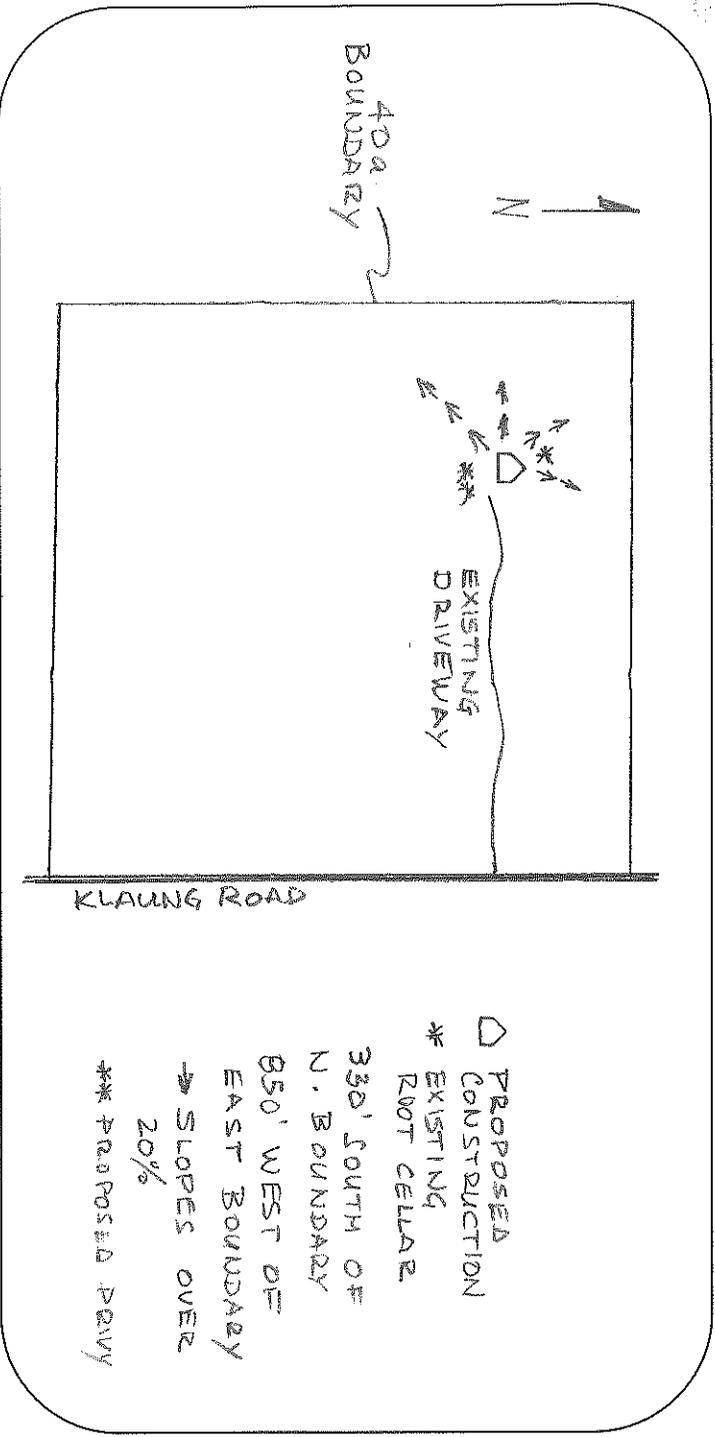
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(27 x 42)	872
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(14 x 15)	210
<input type="checkbox"/> with Loft		()	
<input type="checkbox"/> with a Porch		()	
<input checked="" type="checkbox"/> with (2 nd) Porch		(9 x 11)	99
<input type="checkbox"/> with a Deck		()	
<input type="checkbox"/> with (2 nd) Deck		()	
<input type="checkbox"/> with Attached Garage		()	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> or <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> or <input type="checkbox"/> cooking & food prep facilities)		()	
<input type="checkbox"/> Mobile Home (manufactured date) _____		()	
<input type="checkbox"/> Addition/Alteration (specify) _____		()	
<input type="checkbox"/> Accessory Building (specify) _____		()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		()	
<input type="checkbox"/> Special Use: (explain) _____		()	
<input type="checkbox"/> Conditional Use: (explain) _____		()	
<input type="checkbox"/> Other: (explain) _____		()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be assessed by Bayfield County resulting from the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the records of this application at any reasonable time for the purpose of inspection.

Owner(s): Michael Upthegrove Date: FEB 18 2016
 Authorized Agent: [Signature] Date: _____
 Address to send permit: 82980 WHITE BIRCH RD POOT WING WI 54865
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
 (2) Show / Indicate: North (N) on Plot Plan
 (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 (4) Show: All Existing Structures on your Property
 (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	850 Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way		Setback from the River Stream, Creek	N/A Feet
Setback from the North Lot Line	330 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	990 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	470 Feet	20% Slope Area on Property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	850 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	25 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: pit privy # of bedrooms: _____ Sanitary Date: _____

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 16-0118 Permit Date: 5-26-16

Is Parcel a Sub-Standard Lot? Yes No (Deed of Record) Yes No (Fused/Contiguous Lot(s)) Yes No

Is Structure Non-Conforming? Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No SPRINT

Inspected by: JACOBSON

Date of Inspection: 5-25-16

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Water allowed in building, No permitted

Signature of Inspector: _____ Date of Approval: 5-25-16

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: